



**OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018
CHICAGO, ILLINOIS 60602-1375
(312) 603-5370

THIS PURCHASE ORDER NUMBER
MUST APPEAR ON ALL PACKAGES,
INVOICES, SHIPPING PAPERS AND
DROP SHIPMENTS.

PURCHASE ORDERED ISSUED TO
808993

International Security Products
1760 Commerce Way
Pasa Robles CA 93446

DATE
9/1/2011
F.O.B. POINT

PURCHASE ORDER NO.
177961 - 000- OP
REQUISITION NO.
00097844 OR

COOK COUNTY FEIN: 36-6006541
ILLINOIS SALES TAX EXEMPT: E-9998-2013-04
FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K

SHIP TO Hawthorne Warehouse
4545 W Cermak
Chicago IL 60623

DELIVERY INSTRUCTIONS

Roseann Farella
0927

(312) 603-

DEPT NO

1101195

Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	Certificate of Deposit for Redemption #1 PaperSize, 11" x 8-1/2" Paper Weight, 24lb Paper Color, MOCR-White Quality Of Paper Must Conform To Sample. THE BORDERS MUST BE PROCESS BLUE INK.	45.00 M	52.3000	2,353.50	1101195.520495
2.00	Certificate of Deposit for Redemption #2 PaperSize, 11" x 8-1/2" Paper Weight, 24lb Paper Color, MOCR White Quality Of Paper, Must Conform To Sample. Typesetting Changes, Dock Delivery And Proofs As Needed Must Be Included In The Bid. See Specifications Attached For Line One(1) And Line Two(2). No Substitutions. NOTE: NO DELIVERY IS TO BE MADE WITHOUT NOTIFYING THE OFFICE OF THE COUNTY CLERK. THE COUNTY WILL NOT ACCEPT OVER OR UNDER RUNS FOR PRINTING. IT IS THE VENDOR RESPONSIBILITY TO PRINT AND SHIP AS PER SPECIFICATION.	35.00 M	16.1100	563.85	1101195.520495
***** Total Order *****				2,917.35	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE PURCHASING AGENT

RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)

I hereby certify that I have received the goods/services reflected above and that the items referenced are in full conformity with the purchase order/contract.

Authorized Signature: _____

Date: _____

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.

PURCHASING AGENT

Date:

Mania de la Cruz
BR 9/1/11

Purchase Requisition

Office of the Purchasing Agent
Cook County of Illinois

Purchase Order Number

177961

Requisition # **OR 97844** Contract #

Ship To: 765642 Hawthorne Warehouse
4545 W Cermak
Chicago IL 60623

Delivery Instructions:
Roseann Farela
(312) 603-0927

Supplier: 299999 TEAM LEAD MAILBOX

Buyer Number 724149 Supervisor 80
Bid/Sole Src Code BSP
Business Unit 1101195
Internal Req Number 11100074
Board Apr Date & Item
Requisition Date 5/31/2011
Date Needed 5/31/2011

One Time Purchase Yes No Covers Need for _____ months. Specific Period of time _____ thru _____ Prior Contract No. _____ Expiration Date _____ Emergency No. _____

Line # Commodity Description Bal. on Hand Quantity UOM Est. Unit Cost Extended Cost Business Unit and Object Account

1,000 015	Certificate of Deposit for	<	>	45.00	M	56,000.00	2,520.00	1101195:520495
	Size, weight, quality of paper must conform to sample. THE BORDERS MUST BE PROCESS BLUE INK.							
2,000 015	Certificate of Deposit for	<	>	35.00	M	18,000.00	630.00	1101195:520495
	Size, weight, quality of paper, must conform to sample. Typesetting changes, dock delivery and proofs as needed must be included in the bid.							

To review sample please call Shunice Hill-Sullivan @ (312) 603-5349.
No Substitutions.
Proofs MUST be submitted to Shunice Hill-Sullivan @ (312) 603-5349 for approval prior to printing.
NOTE: NO DELIVERY IS TO BE MADE WITHOUT NOTIFYING THE OFFICE OF THE COUNTY CLERK.

Total of Items Ordered 3,150.00

CERTIFICATION
I hereby certify that the items and/or services above are necessary to this department (or institution) and that the copl. no., account & activity numbers indicated above accurately reflect the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

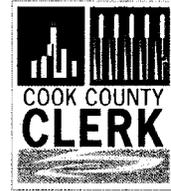
REQUISITIONER

[Signature]
BUREAU OF DEPARTMENT HEAD

ACCT # _____

DATE _____ BY _____

RECEIVED
OFFICE OF THE
PURCHASING AGENT
2011 JUN 15 PM 3:11
BOOKKEEPING



**OPERATIONS, PURCHASING AND FINANCE
OFFICE OF COOK COUNTY CLERK DAVID ORR**

69 W. Washington, Suite 1418, Chicago, Illinois 60602

ROSEANN FARELLA

TEL 312.603.0927 FAX 312.603.3995

EMAIL roseann.farella@cookcountyil.gov

WEB cookcountyclerk.com

**Certificate of Deposit for Redemption #2
One side Printing Top/Bottom**

Top center should read font size 18 bold:

CERTIFICATE OF DEPOSIT FOR REDEMPTION

(Tab left font size 12 bold)

I, DAVID ORR, County Clerk of Cook County, do hereby certify that a deposit for redemption was made in my office for the property and taxes described below and in the amount herein set forth:

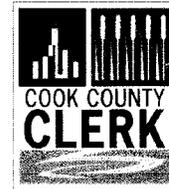
Bottom center should read font size 12 bold:

Office copy of the original Certificate of Deposit for Redemption issued by the Clerk of Cook County at Chicago, Illinois.

11" X 8-1/2"

24# MOCR – White

Inks: Face-black



**OPERATIONS, PURCHASING AND FINANCE
OFFICE OF COOK COUNTY CLERK DAVID ORR**

69 W. Washington, Suite 1418, Chicago, Illinois 60602

ROSEANN FARELLA
TEL 312.603.0927 FAX 312.603.3995

EMAIL roseann.farella@cookcountyil.gov
WEB cookcountyclerk.com

**Specifications for Certificate of Deposit #1 and #2
Requisition 11100014/97844
Two Sided Printing Top/Bottom**

Certificate of Deposit for Redemption #1
Top center should read font size 18 bold:

CERTIFICATE OF DEPOSIT FOR REDEMPTION

(Tab left font size 12 bold)

I, DAVID ORR, County Clerk of Cook County, do hereby certify that a deposit for redemption was made in my office for the property and taxes described below and in the amount herein set forth:

Bottom center should read font 12 bold:

Given under my hand and Official Seal of said County, at my office in Chicago, Illinois.

Two County

Embossed seals at bottom left & right corner (blue & white)

Deputy _____

David Orr (Signature)
County Clerk of Cook County

11" X 8-1/2"

24# MOCR - White

Inks: Face copy-black, process blue and back copy-422 grey

Embossed seals at bottom left & right are attached.

Back Center

On the back of the certificate mid middle insert the Cook County seal.

Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

Purchase Order Number

Requisition # **OR 97844** Contract #

Open Date

Ship To: 765642 Hawthorne Warehouse
4545 W Cermak
Chicago IL 60623

Delivery Instructions:
Roseann Farella
(312) 603-0927

Supplier: 299999 TEAM LEAD MAILBOX

Buyer Number 724149 Supervisor 80
Bid/Sole Src Code BSP
Business Unit 1101195
Internal Req Number 11100014
Board Apr Date & Item
Requisition Date 5/31/2011
Date Needed 5/31/2011

One Time Purchase Yes No Covers Need for months. Specific Period of time thru Prior Contract No. Expiration Date Emergency No.

Line #	Commodity Description	Bal. on Hand	Quantity	UOM	Est. Unit Cost	Extended Cost	Business Unit and Object Account
1.000 015	Certificate of Deposit for Size, weight, quality of paper must conform to sample. THE BORDERS MUST BE PROCESS BLUE INK.	<	45.00	M	56.0000	2,520.00	1101195.520495
	Redemption #1						
	Size, weight, quality of paper, must conform to sample. Typsetting changes, dock delivery and proofs as needed must be included in the bid.	>	35.00	M	18.0000	630.00	1101195.520495
	Redemption #2						
2.000 015	Certificate of Deposit for Size, weight, quality of paper, must conform to sample. THE BORDERS MUST BE PROCESS BLUE INK.	>	35.00	M	18.0000	630.00	1101195.520495
	Redemption #1						
	Size, weight, quality of paper, must conform to sample. Typsetting changes, dock delivery and proofs as needed must be included in the bid.						
	Redemption #2						

Total of Items Ordered 3,150.00

To review sample please call Shunice Hill-Sullivan @ (312) 603-5349.

No Substitutions.

Proofs MUST be submitted to Shunice Hill-Sullivan @ (312) 603-5349 for approval prior to printing.

NOTE: NO DELIVERY IS TO BE MADE WITHOUT NOTIFYING THE OFFICE OF THE COUNTY CLERK.

RECEIVED
OFFICE OF THE
PURCHASING AGENT
2011 MAY 31 PM 3:30
PROCUREMENT

CERTIFICATION

I hereby certify that the items and/or services above are necessary to this department (or institution) and that the dept. no., account & activity numbers indicated above accurately reflect the specific line item budget appropriation approved by the Board of County Commissioners and there is a sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

ACCT #

DATE BY

[Signature]
BUREAU OF DEPARTMENT HEAD

REQUISITIONER

Brandie Knazze (Purchasing)

From: Brandie Knazze (Purchasing)
Sent: Monday, June 13, 2011 12:39 PM
To: Roseann Farella (County Clerk)
Subject: Requisition 97844

Hi Roseann,

I received your requisition for a certificate deposit papers. We will need more detailed specifications to process your request. It will not be sufficient to provide a sample of the papers to the vendors. For each line item, we will need the exact and specific specifications. Be sure to include the size, weight, and quality of the papers. In addition, if there is any printing required, I will need to know that as well.

If we do not receive your revised specifications within ten days, we may have to send your requisition back.

Please call me with questions.

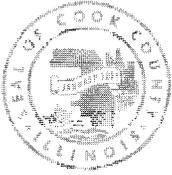
Brandie V. Knazze, MSPPM, CPPO
Deputy Purchasing Agent
Cook County
118 N. Clark Street, Room 1018
Chicago, IL 60602
(312) 603-3075
[*brandie.knazze@cookcountyil.gov*](mailto:brandie.knazze@cookcountyil.gov)

BID TABULATION

BID NAME: CERTIFICATE OF DEPOSIT
BID NUMBER: 97944
BID OPENING DATE: Tuesday, August 23, 2011
BID OPENING TIME: 10:00 AM
BUYER NAME: BRENDA BEARD

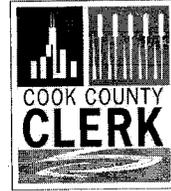
ITEM #	DESCRIPTION	QUANTITY	UNIT	VENDOR #1:		VENDOR #2:		VENDOR #3:	
				INT'L SECURITY PROD.	TOTAL PRICE	MIDWEST BANK NOTE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
1	CERTIFICATE OF DEPOSIT FOR REDEMPTION #1, PAPER SIZE 11" X 8-1/2" 24LB PAPER WEIGHT, PAPER COLOR, MOCR-WHITE	45	M	\$52.30	\$2,353.50	\$52.76	\$2,374.20		\$0.00
2	CERTIFICATE OF DEPOSIT FOR REDEMPTION #2, PAPER SIZE 11" X 8-1/2" 24LB PAPER WEIGHT, PAPER COLOR, MOCR-WHITE	35	M	\$16.11	\$563.85	\$20.22	\$707.70		\$0.00
					\$2,917.35		\$3,081.90		

NOTES:
INTERNATIONAL SECURITY PRODUCTS: QUOTED ALL OR NONE ON BID DOCUMENT



RECEIVED
OFFICE OF THE
PURCHASING AGENT

2011 AUG 31 PM 3:20



OFFICE OF COOK COUNTY CLERK DAVID ORR
118 N. CLARK STREET, ROOM #1034, CHICAGO, IL 60602

SCOTT ERDMAN, DEPUTY OF COB
TEL 312.603.7689 FAX 312.603.6943

EMAIL scott.erdman@cookcountyil.gov
WEB cookcountyclerk.com

August 31, 2011

Dear Ms. Maria de Lourdes Coss
Cook County Purchasing Agent
118 North Clark Street, Room #1018
Chicago, IL 60602

Re: 11100014/97844

We have reviewed the tabulations for Requisition #11100014/97844 and recommend award to the lowest qualified bidder meeting specifications. International Security Products, in the amount of \$2,860.83.

If there are any questions, issues, and/or concerns as it relates to this requisition, please contact Shunice Hill-Sullivan at 603-5349.

Sincerely,

Scott Erdman
Office of the County Clerk

TONI PRECKWINKLE
PRESIDENT, BOARD OF COOK
COUNTY COMMISSIONERS



MARIA de LOURDES COSS
PURCHASING AGENT

COUNTY OF COOK
OFFICE OF THE PURCHASING AGENT
118 N. CLARK STREET
ROOM 1018
CHICAGO, ILLINOIS 60602
TEL: 312-603-5370
FAX: 312-603-3179

Date: 8/26/11
To: Rose Frucila
From: Brenda Beard
Re: Requisition 11100014/97844

We are enclosing a **Tabulation of Bids** and one (1) copy of each proposal regarding the above referenced bid.

Please evaluate the bid and send your recommendation letter to:

Maria De Lourdes Coss, MPA, CPPO
Purchasing Agent
118 N. Clark Street -- Room 1018
Chicago, IL 60602

Please note, if you choose a bidder other than the lowest bid, please state **exactly why the lowest bidder does not meet your specification.**

THE PROPOSAL MUST BE RETURNED WITH YOUR LETTER FOR PROCESSING.

cc: Buyer

CERTIFICATE OF DEPOSIT FOR REDEMPTION#1, PAPER SIZE, 11"X8-1/2",
PAPER WEIGHT, 24 LB PAPER COLOR, MOCR-WHITE, QUALITY – HAWTHORNE WAREHOUSE
DUE DATE: TUESDAY AUGUST 23, 2011 AT 10:00 AM QUOTE# Q-97844-OR- B. BEARD

VENDOR NAME	VENDOR ADDRESS	VENDOR AMOUNT
1 International Pro Document Solution	1760 Commerce Way Palo Alto, CA 94304	NO TOTAL
2 Midwest Bank Note	50 Pearl Street Lancaster, NY 14688	3,081.90
3		
5		
6		
7		
8		
9		
10		
11		
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14		
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22		
23		



RETURN THIS QUOTATION TO:

OFFICE OF THE PURCHASING AGENT
COUNTY OF COOK

118 NORTH CLARK ST. ROOM 1018 CHICAGO, ILLINOIS 60602-1375
SEALED BIDS FOR THE FOLLOWING SUPPLIES AND/OR SERVICES
WILL BE ACCEPTED AT THIS OFFICE UP TO 10:00 A.M.



DATE 8/11/2011	BUYER BEARD, BRENDA	BUYER PHONE 312 6035383	ORDER NO. 97844 OR	RESPOND BY 8/23/2011	Quotes must be in Bid Box by 10:00 A.M.	Page 1 of 1
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Vendor Address

808993

TERMS AND CONDITIONS

INTERNATIONAL SECURITY PRODUCTS

1760 Commerce Way
Paso Robles, CA 93444

Acceptance: If this bid is accepted by the County within 30 days from date of opening, bidder offers and agrees to furnish any or all of the items upon which prices are quoted, at the price and delivery time stated, subject to all terms and conditions endorsed hereon.

Bidding: The right is reserved to reject any and all bids; to waive a formality in bids; to award by item or class. Bidders cannot limit the acceptance of bid to less than 30 days.

Product Delivery Point

Hawthorne Warehouse
4545 W Cermak
Chicago IL 60623

Errors in Bid: Bidders are cautioned to verify their bids before submission. No bid may be withdrawn or changed after it has been opened. In case of error in extension, unit price will govern.

Deliveries: Bid price must reflect any delivery charges to point designated. Title is to pass at delivery point.

Taxes: Materials and services purchased by Cook County are exempt from Federal Excise Tax by virtue of exemption certificate #36-75-0038K, from Illinois Retailers' Occupation Tax, Municipal Retailers' Occupation Tax and all Service Taxes.

In General: The prices quoted herein shall agree with all Federal Laws and Regulations.

Brand Names: Where brand names, model or part numbers are employed in the description, it is not intended that they are restrictive. Where a bidder proposes an "or equal", bidder shall fully describe the item proposed.

2-3 weeks after proof approval
DELIVERY IN WORKING DAYS
PHONE NUMBER 800-853-0004
SIGNED BY Debbie Henninger
(PLEASE PRINT) Debbie Henninger

INSTRUCTIONS ON MARKING BID ENVELOPE

Before returning bid, mark the envelope in which the bid will be enclosed with the following information: Order Number, Date and Time bid is to be opened. Mark envelope "BID". Vendor is responsible for having quotation in bid box before bid opening date and time.

DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
Certificate of Deposit for Redemption #1 PaperSize, 11" x 8-1/2" Paper Weight, 241b Paper Color, MOCR-White Quality Of Paper Must Conform To Sample. THE BORDERS MUST BE PROCESS BLUE INK.	45.00	M	\$52.30	\$2,353.50
Certificate of Deposit for Redemption #2 PaperSize, 11" x 8-1/2" Paper Weight, 241b Paper Color, MOCR White Quality Of Paper, Must Conform To Sample. Typsetting Changes, Dock Delivery And Proofs As Needed Must Be Included In The Bid. See Specifications Attached For Line One(1) And Line Two(2). To review sample please call Brenda Beard @ 312-603-5383. No Substitutions. NOTE: NO DELIVERY IS TO BE MADE WITHOUT NOTIFYING THE OFFICE OF THE COUNTY CLERK. THE COUNTY WILL NOT ACCEPT OVER OR UNDER RUNS FOR PRINTING. IT IS THE VENDOR RESPONSIBILITY TO PRINT AND SHIP AS PER SPECIFICATION.	35.00	M	\$16.11	\$563.85
(Quoted All or None)				
<input type="checkbox"/> ORIGINAL				

OFFICE USE ONLY	PURCHASE ORDER #	ADDITIONAL TERMS ON REVERSE SIDE	TOTAL 2,917.35
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Specifications for Certificate of Deposit #1 and #2

1. Certificate of Deposit for Redemption #1
Two-sided printing

Paper Size: 11" X 8-1/2"
Paper Weight: 24#
Paper Color: MOCR – White
Front of Certificate Ink Colors: Font – Black ink; Border and seals- process blue ink
Back of Certificate Ink Colors: Cook County Seal - 422 grey
Proofs: Must be submitted and approved by department prior to printing.
Quantity: 45,000, no under or over runs will be accepted.

The front of the Certificate of Deposit for Redemption #1 shall have the information printed as stated below:

A. Certificate Title: CERTIFICATE OF DEPOSIT FOR REDEMPTION

This shall be printed from approximately 1 inch from the top of the page. The lettering shall be 18pt font, in bold, Arial.

B. Certificate Body:

I, DAVID ORR, County Clerk of Cook County, do hereby certify that a deposit for redemption was made in my office for the property and taxes described below and in the amount herein set forth:

This shall be printed from approximately 15/16" from the left margin and shall be centered on the page. The font size is 12pt font, in bold, Arial.

C. Certificate Footer:

Given under my hand and Official Seal of said County, at my office in Chicago, Illinois.

Deputy _____

**David Orr (Signature)
County Clerk of Cook County**

The font size is 12pt font, in bold, Arial. The lettering is black ink.

D. Embossed Cook County seals at bottom left and right corner

The seals are in blue and white and ink and will be provided to the awarded vendor by Cook County.

The back of the Certificate of Deposit for Redemption #1 shall have the information printed as stated below:

- E. On the back of the certificate, in the middle of the page, the Cook County seal shall be printed in 422 gray. The approximate size of the seal has a 1 ¼" radius.
- F. The back of the paper shall have vertical strips in 422 gray color.

**2. Certificate of Deposit for Redemption #2
One-sided Printing**

Paper Size:	11" X 8-1/2"
Paper Weight:	24#
Paper Color:	MOCR – White
Front of Certificate Ink Colors:	Font – Black ink;
Proofs:	Must be submitted and approved by department prior to printing.
Quantity:	35,000, no under or over runs will be accepted.

The front of the Certificate of Deposit for Redemption #2 shall have the information printed as stated below:

A. Certificate Title: CERTIFICATE OF DEPOSIT FOR REDEMPTION

This shall be printed from approximately 1 inch from the top of the page. The lettering shall be 18pt font, in bold, Arial.

B. Certificate Body:

I, DAVID ORR, County Clerk of Cook County, do hereby certify that a deposit for redemption was made in my office for the property and taxes described below and in the amount herein set forth:

This shall be printed from approximately 15/16" from the left margin and shall be centered on the page. The font size is 12pt font, in bold, Arial.

COOK COUNTY AFFIDAVIT OF CHILD SUPPORT OBLIGATIONS

Effective July 1, 1998, every applicant for a County Privilege shall be in full compliance with any Child Support Order before such applicant is entitled to receive a County Privilege. When Delinquent Child Support Exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

"Applicant" means any person or business entity, including all Substantial Owners, seeking issuance of a County Privilege or renewal of an existing County Privilege from the County. This term shall not include any political subdivision of the federal or state government, including units of local government, and not-for-profit organizations.

"County Privilege" means any business license, including but not limited to liquor dealers' licenses, packaged goods licenses, tavern licenses, restaurant licenses, and gun licenses; real property license or lease; permit, including but not limited to building permits, zoning permits or approvals; environmental certificate; County HOME Loan, and contracts exceeding the value of \$10,000.00.

"Substantial Owner" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Applicants/Substantial Owners are required to complete this affidavit and comply with the Child Support Enforcement Ordinance before any privilege is granted. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information.

Privilege Information:

County Quotation Number: 97844 OR

County Department: Ofc. of the Purchasing Agent, Cook County

Applicant Information:

Last name: Phillips First Name: Noal MI: S

SS# (Last Four Digits) [REDACTED]

Street Address: 1760 Commerce Way

City: Paso Robles State: CA Zip: 93446

Home Phone: 805) 466-3713 Drivers License No: A 3941315

Child Support Obligation Information:

The Undersigned applicant, being duly sworn on oath or affirmation hereby states that to the best of my knowledge (place an "X" next to "A", "B", "C", or "D").

- A. The Applicant has no judicially or administratively ordered child support obligations.
- B. The Applicant has an outstanding judicially or administratively ordered obligation, but is paying in accordance with the terms of the order.
- C. The Applicant is delinquent in paying judicially or administratively ordered child support obligations
- D. The Applicant is not a substantial owner as defined above.

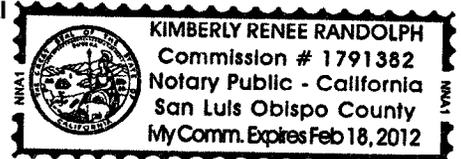
The Undersigned applicant understands that failure to disclose any judicially or administratively ordered child support debt owed will be grounds for revoking the privilege.

Signature: Noal S Phillips Date: 8-19-11

Subscribed and sworn to before me this 19th day of August, 20 11

X Kimberly Renee Randolph
Notary Public Signature

Notary Seal



INSTRUCTIONS FOR DELIVERY AND FOR INVOICING OF GOODS

1. Clearly mark every package with the name of the institution, department or agency to which goods are to be delivered. **MARK ALL PACKAGES WITH THE COOK COUNTY PURCHASE ORDER NUMBER.**
2. Stencil on or attach a tag to every package that bears your own names so the receiving clerk will know from whom the order was shipped.
3. Delivery time, unless otherwise stipulated, is Monday through Friday between 9:00 a.m. and 3:00 p.m.
4. Charge all goods to Cook County.
5. Direct all inquiries and send the original and all appropriate copies of the invoice with the proper Cook County invoice forms (i.e., 29A voucher form) to the following address:

Cook County Department of Purchasing
118 North Clark Street – Room 1018
Chicago, Illinois 60602
6. Never include goods furnished on two or more purchase orders on a single invoice.
7. All prices must be in compliance with federal, state, and local regulations.
8. Partial shipments or partial pay warrants will not be considered unless authorized or requested by the Purchasing Agent.
9. The law provides that every person selling goods to Cook County must make invoice form with certification as to the correctness of the bill.
10. Execute certification on the bottom of the invoice before mailing.
11. All pay warrants will be mailed to you by the Cook County Comptroller.
12. **INDEMNITY** – The contractor shall indemnify, keep and save harmless the County, its agents, officials and employees, against all injuries, deaths, loss, damages, claims, patent claims, suits, liabilities, judgments, costs and expenses, which may in anywise accrue against the County in consequence of the granting of this contract of which may in anywise result therefrom, whether or not it shall be alleged or determined that the act was caused through negligence or omission of the Contractor or his employees, of the subcontractor or his employees, if any, or of the County of Cook or its employees, and the Contractor shall, at his own expense, appear, defend, and pay all charges of attorneys and all costs and other expenses, arising therefrom or incurred in connection therewith, and, if any judgment shall be rendered against the County in any such action, the Contractor shall, at his own expense, satisfy and discharge the same. The Contractor expressly understands and agrees that any performance bond or insurance protection required by this contract, or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County as herein provided. If this purchase order covers services, a Certificate of Insurance must be submitted before performance of service.
13. Compliance with the above will help avoid errors and delays.

CHECKLIST FOR REQUEST FOR QUOTATION SUBMISSION

Here's a check list for you to make sure the bid document you submit is complete.

Incomplete bid documents will not be considered for award so please contact us at VendorServices@cookcountygov.com with your questions, but be sure to allow enough time for us receive your inquiry and reply.

For the bid documents you are submitting, did you:

- FILL OUT the Vendor Address section of the *Request for Quotation* with your name and address, along with the attached Affidavit of Child Support Obligation page.
- Be sure to SIGN the *Request for Quotation*
- DOUBLE CHECK the unit, extended, and total price of the *Request for Quotation* you are submitting.
- READ the Terms and Conditions, Instructions on Marking Bid Envelope directions, located on the front of the *Request for Quotation* page and the Instructions for Delivery and for Invoicing of Goods page.

Finally, make sure you:

- Submit your bid documents on or before the Respond by Date and Time listed at the top of the page.
- Deposit your bid documents in the bid box located in Room 1018 of the County Building, 118 North Clark Street, Chicago, Illinois 60602 before 10:00 a.m. the date of the Bid Opening.
- Send in all pages of the *Request for Quotation*.

Bid documents submitted late or deposited in the wrong location will not be considered for award.

Good luck!

CERTIFICATE OF DEPOSIT FOR REDEMPTION

I, DAVID ORR, County Clerk of Cook County, do hereby certify that a deposit for redemption was made in my office for the property and taxes described below and in the amount herein set forth:

VOID

VOID

Given under my hand and Official Seal of said County, at my office in Chicago, Illinois.

Deputy _____

David Orr
County Clerk of Cook County



COOK COUNTY AWARD CHECKLIST FOR BIDS/RFP'S

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE AWARD CHECKLIST AND CONTACT THE APPROPRIATE DEPUTY P.A. IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED AND RETAINED IN THE PROCUREMENT FILE.

Bids Report Date 8/23/10
 Permission to Negotiate Date _____
 Contracts and Bonds Date _____

Project Description: Certificate of Deposit
 Vendor: Security Inter. Award Amount: 2,860,83 One-Time Term Agreement
 Contract No.: _____ Award Type: Single Multiple Renewals: _____
 Requisition No.: (if known) 97844 Start Date: X End Date: _____
 PO No.: (if known) 177961 Contact Person: _____ Department: _____
 Telephone: 1-800-853-0004 Fax #: _____ Email: _____
 Cost Savings: _____
 Funding Type: Institutional State Federal Grant Other:

*IF GRANT FUNDED, ATTACH COPY OF THE APPROVED GRANT AND APPLICATION AND ANY OTHER TERMS AND CONDITIONS OF FUNDING SOURCE THAT MAY APPLY. GRANT FUNDS MUST BE _____ COMMITTED OR _____ SPENT BY DEADLINE: _____ (DATE)

COMPETITIVE SEALED BIDS

<input type="checkbox"/> Board's Permission to Advertise	<input type="checkbox"/> Detailed Bid Tabulation	<input type="checkbox"/> 3 Vendor Signed Contracts
<input type="checkbox"/> Requisition /Bid Specifications	<input type="checkbox"/> Inventory Checklist	<input type="checkbox"/> Legal Review
<input type="checkbox"/> Sealed Bid Document	<input type="checkbox"/> Surety Statement	<input type="checkbox"/> Child Support Verification
<input type="checkbox"/> Legal Ad (if applicable)	<input type="checkbox"/> Insurance Certificate/Waiver	<input type="checkbox"/> OIG/EPLS/IL Secretary State
<input type="checkbox"/> M/WBE Vendor Outreach List	<input type="checkbox"/> Payment /Performance Bond	<input type="checkbox"/> Fee Collecting Agencies Approval
<input type="checkbox"/> Bid Notification Letters/Email	<input type="checkbox"/> Unconditional Price Reduction	<input type="checkbox"/> Ethics Verification
<input type="checkbox"/> Addendum #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> # _____	<input type="checkbox"/> Recommended Awardees' Bid	<input type="checkbox"/> Economic Disclosure Statement
<input type="checkbox"/> Bid Deposit/Bid Bond	<input checked="" type="checkbox"/> Department Recommendation Letter	<input type="checkbox"/> Bids Report and Contracts and Bonds Approval
<input type="checkbox"/> Preliminary Bid Tabulation	<input type="checkbox"/> Contract Compliance Letter	

REQUEST FOR PROPOSALS

<input type="checkbox"/> Scope of Services	<input type="checkbox"/> Bid Deposit/Bid Bond	<input type="checkbox"/> Payment Bond/Performance Bond
<input type="checkbox"/> RFP Document	<input type="checkbox"/> Preliminary RFP Tabulation	<input type="checkbox"/> Legal Review
<input type="checkbox"/> Appendix: Scope of Services	<input type="checkbox"/> Inventory Checklist	<input type="checkbox"/> 3 Vendor Signed Contracts
<input type="checkbox"/> Appendix: Schedule of Compensation	<input type="checkbox"/> RFP Evaluation Matrix	<input type="checkbox"/> Contract Compliance Letter
<input type="checkbox"/> Appendix: EDS	<input type="checkbox"/> RFP Pricing Analysis Matrix: Pre-BAFO <input type="checkbox"/> Post-BAFO <input type="checkbox"/>	<input type="checkbox"/> Child Support Verification
<input type="checkbox"/> Appendix: Misc. Attachments	<input type="checkbox"/> RFP Best and Final Offer (BAFO) Letters #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> # _____	<input type="checkbox"/> OIG/EPLS/IL Secretary State
<input type="checkbox"/> Appendix: Contract	<input type="checkbox"/> Committee Recommendation Letter	<input type="checkbox"/> Fee Collecting Agencies Approval
<input type="checkbox"/> Appendix: Board Approval	<input type="checkbox"/> Dept. Recommendation Letter	<input type="checkbox"/> Ethics Verification
<input type="checkbox"/> M/WBE Vendor Outreach List	<input type="checkbox"/> Economic Disclosure Statement	<input type="checkbox"/> Economic Disclosure Statement
<input type="checkbox"/> RFP Notification Letters/Email	<input type="checkbox"/> Recommended Awardees' Technical and Pricing Proposal	<input type="checkbox"/> Bids Report and Contracts and Bonds Approval
<input type="checkbox"/> Addendum #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> # _____	<input type="checkbox"/> Insurance Certificate/Waiver	

Spec. Engineer Brenda Berg Date: 9/1/11 Deputy P.A.: _____ Date: _____